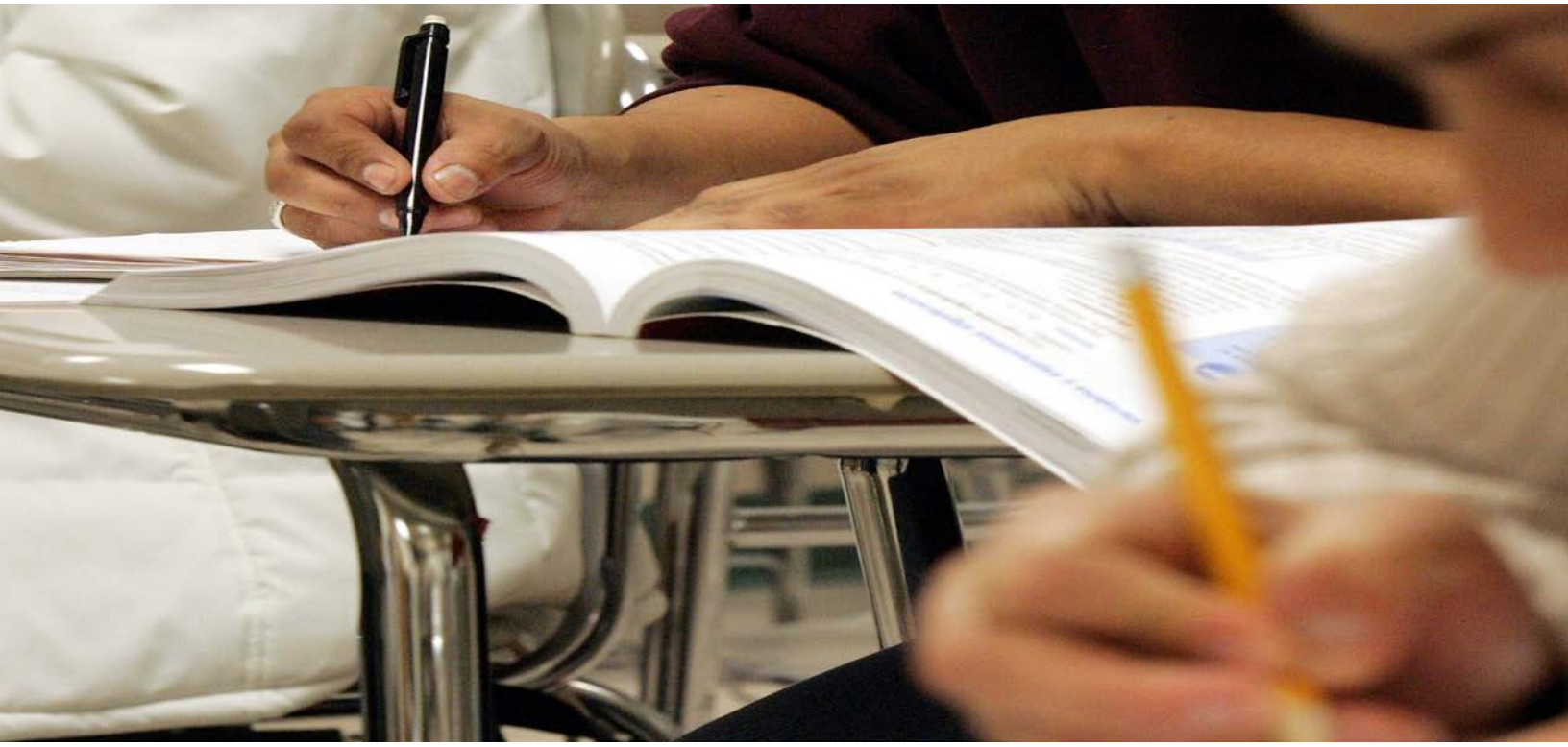

RESEARCH REPORT

Transition from Jail to Community (TJC) Initiative

Implementation Success and Challenges in Howard County, Maryland

Jesse Jannetta *Emma Kurs* *Colleen Owens*

June 2016

URBAN INSTITUTE · ELEVATE · THE · DEBATE

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Acknowledgments

This report was prepared under Cooperative Agreements Numbered 12CS07GKK1, 13CS08GKK1, and 14CS04GKK1 from the National Institute of Corrections, US Department of Justice. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the US Department of Justice. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at www.urban.org/support.

The authors wish to thank all the dedicated TJC partners in Howard County, whose good work is discussed in this report. We are grateful for the leadership and guidance of Howard County Department of Corrections Director Jack Kavanagh. Many individuals made significant contributions to the TJC effort there, but we would like to specifically recognize TJC co-coordinators Trish Schupple and Darlene Jolly, as well as the members of the TJC core team over the course of the TJC assistance period: Chris Collins, Andy Eckstein, Alaina Elam, Kevin Hogan, Dave Jenkins, Ginny LaPorte, Paula McCreary, Andre McInnis, Scot Pullen, Ruby Parker, Mika Singer, Pam Sorenson, and Donna Wells.

We are grateful to the National Institute of Corrections as a whole and NIC Director Jim Cosby in particular for their support and partnership throughout the Transition from Jail to Community Initiative. We thank NIC TJC Project Manager Pat Taylor for her leadership throughout TJC Phase 2. We appreciate Glenn Watson and Danny Downes of NIC's Jails Division for their many contributions to the Phase 2 TJC work.

Finally, we acknowledge the members of the TJC National Technical Assistance and Evaluation team, including Janeen Buck Willison, Kevin Warwick, Gary Christensen, Debbie Mayer, Jeff Mellow, and the Pretrial Justice Institute, as well as our TJC partners in the six Phase 1 learning sites, the other Phase 2 sites, and the California AB109 sites, who constitute the TJC community of practice and who have helped us to continually deepen and refine our understanding of how effective jail transition strategies can be implemented, tested, and improved.

Glossary

BOA—Bureau of Addictions

CMR—Case Management Review

CJPC—Criminal Justice Partnership Committee

DPSCS—Department of Public Safety and Correctional Services

HCDC—Howard County Detention Center

HCMHA—Howard County Mental Health Authority

LS/CMI—Level of Service/Case Management Inventory

LEEP—Life Skills Education Employment Program

NIC—National Institute of Corrections

OCMS—Offender Case Management System

Proxy—Proxy Triage Risk Screener

RCC—Reentry Coordinating Council

RMSC—Laurel Reentry Multi-Service Center

SID—State Identification

T4C—Thinking for a Change

TA—Technical assistance

TJC—Transition from Jail to Community

Urban—Urban Institute

Introduction

Nearly 12 million individuals enter the nation's approximately 3,100 jails each year (Minton and Golinelli 2014). With 60 percent of the jail population turning over each week, roughly the same number return to their respective communities. Many will recidivate (Roman et al. 2006; Uchida et al. 2009). This is not surprising given the many challenges faced by jail inmates: high rates of substance abuse and dependence (Karberg and James 2005), mental health issues (James and Glaze 2006), poor physical health (Maruschak 2006), low levels of educational attainment (Wolf Harlow 2003), and a high incidence of homelessness (Greenberg and Rosenheck 2008).

To assist local jurisdictions with facilitating successful reintegration from jail, the National Institute of Corrections (NIC) partnered with the Urban Institute (Urban) in 2007 to launch the Transition from Jail to Community (TJC) Initiative. The purpose of the TJC Initiative is to address the specific reentry challenges associated with transition from jail. During Phase 1 of the initiative, the NIC/Urban national TJC team, which also included Alternative Solutions Associates Inc., Corrections Partners Inc., and John Jay College of Criminal Justice, developed a comprehensive model to transform the jail transition process and ultimately enhance both the success of individuals returning to the community from jail and public safety in communities throughout the United States. More comprehensive than a discrete program, the TJC model is directed at long-term systems change and emphasizes a collaborative, community-based approach.

After designing the model, the national TJC team provided technical assistance to facilitate model implementation in six learning sites: Davidson County, TN; Denver, CO; Douglas County, KS; Kent County, MI; La Crosse County, WI; and Orange County, CA. A process and systems change evaluation in the six Phase 1 sites found that TJC model implementation was associated with significant, positive systems change (Buck Willison et al., 2012). Six additional Phase 2 learning sites, including Howard County, joined the TJC Initiative in the fall of 2012, as well as two California jurisdictions receiving TJC technical assistance to assist them with managing the policy changes associated with Public Safety Realignment in that state.

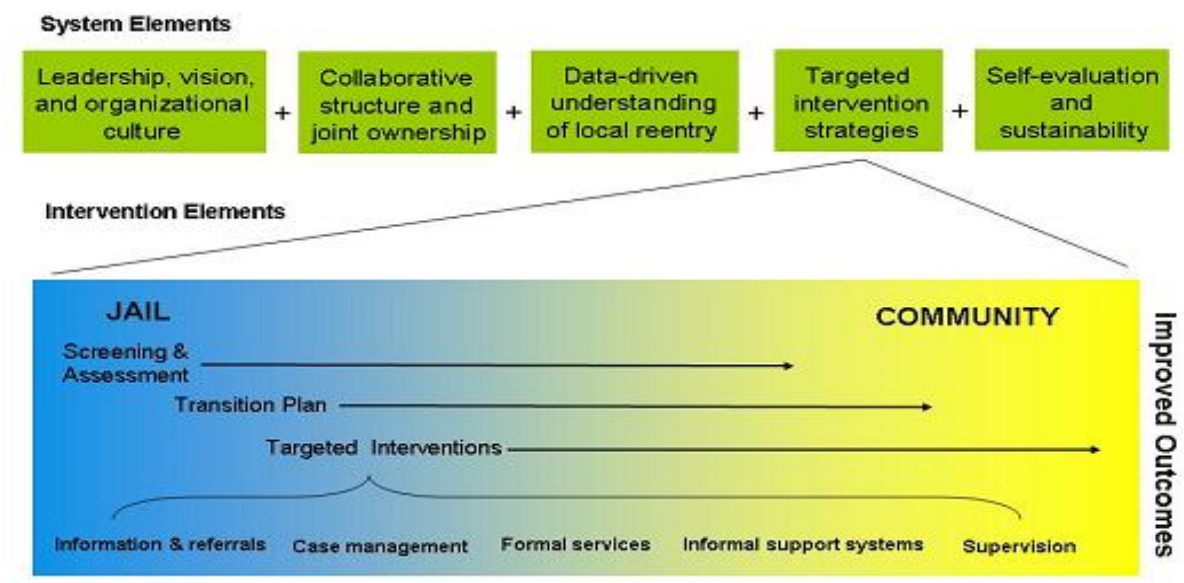
The TJC Model and Technical Assistance Approach

The TJC model was designed to help jurisdictions achieve two goals: (1) improve public safety by reducing the threat of harm to persons and property by individuals released from local jails to their home communities; and (2) increase successful reintegration outcomes – from employment retention and sobriety to reduced homelessness and improved health and family connectedness – for these individuals. Further, the model is

intended to be sufficiently adaptable that it can be implemented in any of the 2,860 jail jurisdictions in the United States (Stephan and Walsh 2011), despite differences in population size, resources, and priorities. The TJC model, depicted in Figure 1, contains both system level elements, at which strategic and systems change work occurs, and an intervention level, at which work with individual clients occurs.

FIGURE 1

TJC Model



TJC is a systems change initiative, rather than a discrete program. It represents an integrated approach spanning organizational boundaries to deliver needed information, services, and case management to people released from jail. Boundary-spanning collaborative partnerships are necessary because transition from jail to the community is neither the sole responsibility of the jail nor of the community. Accordingly, effective transition strategies rely on collaboration among jail- and community-based partners and joint ownership of the problems associated with jail transition and their solutions. The NIC/Urban team was committed to the TJC model and implementation approach being consistent with evidence-based practice regarding effective reentry, inclusive of both the types of interventions that needed to be available (e.g. cognitive-behavioral programming) and the structure of the overall intervention continuum (e.g. basing it on risk and need factors determined through application of valid risk/needs assessment instruments). The five elements of the TJC model are:

- *Leadership, Vision, and Organizational Culture*. The development of an effective jail transition strategy requires the active involvement of key decision-makers to set expectations, to identify important issues, to articulate a clear vision of success, and to engage staff and other stakeholders in the effort.

- *Collaborative Structure and Joint Ownership*. The jail and its community partners must hold joint responsibility for successful transition. A structure for the TJC work should facilitate collaboration and allow for meaningful joint planning and decision-making.

- *Data-Driven Understanding of Local Reentry*. In a data-driven approach to reentry, collection of objective, empirical data and regular analysis of those data inform and drive decision-making and policy formation.

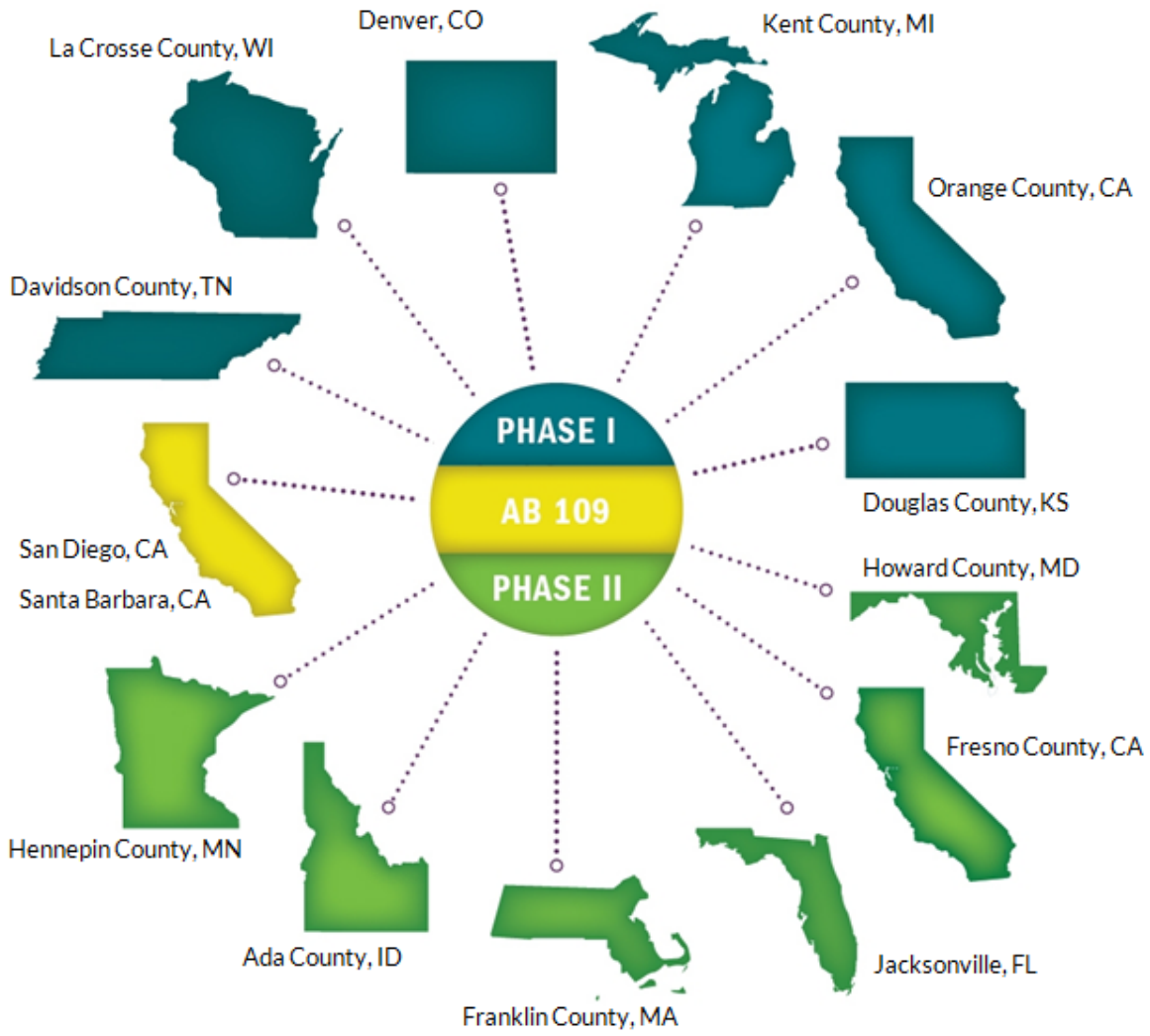
- *Targeted Intervention Strategies*. Targeted intervention strategies comprise the basic building blocks for effective jail transition. Targeting of program interventions should be based on information about an individual's risk of reoffending and criminogenic needs, information that is gathered through screening and assessment. Intervention delivery should also be guided and coordinated through case planning.

- *Self-Evaluation and Sustainability*. Self-evaluation involves the use of data to guide operations, monitor progress, and inform decision-making about changes or improvements that may need to be made to the initiative. Sustainability involves the use of strategies and mechanisms to ensure that the progress of the initiative is sustained over time despite changes in leadership, policy, funding, and staffing.

In order to test whether the model was in fact adaptable to different local contexts and to understand the shape model implementation could take in different jurisdictions with different priorities and capacities, the NIC/Urban TJC national team provided 14 TJC learning sites with multi-year technical assistance around model implementation (see Figure 2). Phase 2 TJC learning sites, including Howard, received intensive technical assistance to support model implementation over the course of two and half years, starting in September 2012 and continuing through June 2015. The TJC technical assistance included an analysis of gaps in reentry practice relative to the TJC model, a facilitated strategic planning process, training in areas such as delivery of evidence-based programming, development of a process for performance measurement and sustainability planning.

FIGURE 2

TJC Learning Sites



Phase 1 TA Period, Denver and Douglas County: September 2008 through February 2012
Phase 1 TA Period, remaining sites: September 2009 through February 2012
Phase 2 TA Period: September 2012 through June 2015
AB 109 (Realignment) TA Period: December 2012 through June 2015

This report details the TJC implementation experience in Howard County, Maryland. It discusses the development of the TJC strategy there, the policy and practice changes associated with its implementation, and the factors that facilitated or impeded successful TJC model implementation. TJC technical assistance to the sites was structured around the five model elements. Given the interrelated nature of the elements, this report discusses implementation of some of the model elements in combined chapters. Chapter 2 discusses

the structural, strategic, and collaborative aspects of TJC implementation, covering the Leadership, Vision, and Organizational Culture components and Collaborative Structure and Joint Ownership model elements. Chapter 3 covers the Targeted Intervention Strategies component of the model, including practices employed to bring about behavior change at the client level. Chapter 4 discusses the implementation of the Self-Evaluation and Sustainability component of the model, building the foundation for maintaining and expanding the TJC work. As TJC is designed to be a data-driven approach, work relative to the Data-Driven Understanding of Reentry model element is interwoven with all the other model elements, and is therefore integrated into each report chapter.

Data Sources

This report draws on multiple sources of information collected in support of the implementation and systems change evaluation work undertaken by the Urban Institute:

- Documentation of TJC technical assistance provision, including call notes and on-site observation of reentry operations.
- Data collected for the core TJC performance measures as well as any other data analysis conducted to inform TJC strategy development and implementation.
- Review of locally developed reentry materials such as procedural guidelines, program documents, and policy manuals.
- Two waves of Howard County TJC stakeholder survey data. This brief online survey measured stakeholder perceptions of system functioning specific to collaboration, resource and information-sharing, interagency cooperation and trust, organizational culture, and the quality and availability of services available to individuals who transition from jail to the community. It was designed to detect and measure system-level change.
    - Wave 1, conducted in spring 2013 with 35 respondents representing 35 agencies throughout the Howard County criminal justice system and community.
    - Wave 2, conducted in fall 2014 with 36 respondents representing 36 agencies throughout the Howard County criminal justice system and community.
- Semi-structured interviews with Howard stakeholders (e.g., the TJC coordinator, jail and facility administrator(s) and/or sheriff, members of the site's reentry council, jail staff, and staff from key

partner agencies) to capture the site's implementation experiences and document the progress of TJC implementation, the development and evolution of the site's local reentry strategies including the range of activities pursued, and critical lessons learned. Discussion topics included the individual's involvement in the initiative, reflections on the pace and progress of implementation, impressions about core elements of the model, anticipated challenges, and technical assistance needs. Two rounds of stakeholder phone interviewers were conducted, the first in later spring 2013 and the second in fall 2014, with up to seven stakeholders from within the site's core team.

Taken together, the information generated by the data sources and evaluation activities paint a rich portrait of Howard's implementation experiences, strategies, challenges, and progress.

Howard County Jail Transition at Baseline

Howard County, MD is an affluent county located between Baltimore and Washington, DC, with a 2013 population of 304,934.[35] The Howard County Department of Corrections operates the jail facility, the Howard County Detention Center (HCDC), which has the capacity to house 361 inmates. HCDC is overseen by the Director of Corrections, who is appointed by the County Executive. In 2011, the year prior to Howard County becoming a TJC learning site, the average daily population was 326 inmates (including federal detainees), and in 2014 it was 336. In 2011, 49 percent of bookings into the HCDC were pretrial detainees, 18 percent sentenced individuals, 19 percent federal detainees (Immigration and Customs Enforcement and United States Marshall's Service), and 14 percent weekend sentenced (see Figure 3). In 2011, HCDC had 144 full-time staff, including 128 security staff, 6 program staff, 11 administrative/support staff, and 5 classification/programs staff.

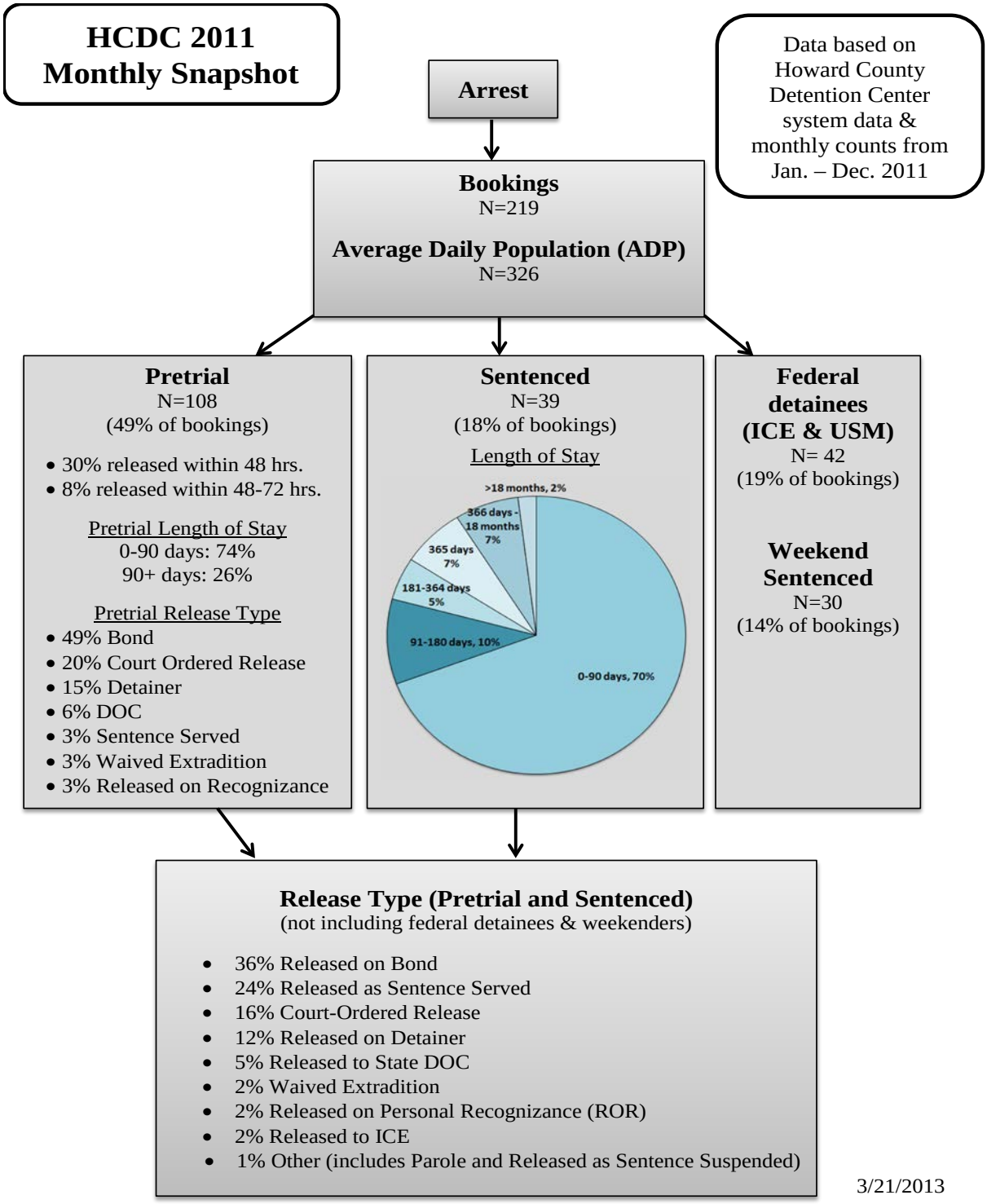
Prior to joining TJC, HCDC had strong relationships with various service providers in the community. Staff from Healthy Howard, the Mental Health Authority (HCMHA), and the Howard County Health Department's Bureau of Addictions worked full-time in the jail, leading programs and providing case management assistance. HCDC also had relationships with employers through their work release program as well as the Christian Jail Ministry and Howard Community College. Additionally, HCDC Director Jack Kavanagh was serving as the chair of the Board to Promote Self Sufficiency, run by the Department of Citizens Services. While there was good ad hoc communication between HCDC and community service providers, nothing was routinized or supported by information system integration, and there was no forum to coordinate the efforts of community partners and HCDC around reentry.

The Criminal Justice Partnership Committee (CJPC), an executive-level criminal justice oversight committee, held its first meeting in the spring of 2012, just prior to the county becoming a TJC site. This group was developed in partnership with Howard County Mental Health Authority to address criminal justice issues across various community agencies, including Healthy Howard, the National Alliance on Mental Illness, and a local hospital. At the outset of the TJC assistance period to Howard County, the CJPC was an ad hoc group without a charter or set meeting schedule.

A number of individuals involved in the TJC effort, including HCDC Director Kavanagh and Deputy Director Trish Schupple, were veterans of the state correctional system and had been involved in state-level reentry initiatives such as the "Going Home Grant," in partnership with the Department of Justice's Office of Justice Programs. This allowed them to draw upon that experience with developing reentry efforts, as well as their professional networks at the state level, including with the Department of Public Safety and Correctional Services (DPSCS), which operates parole and probation supervision.

FIGURE 3

Howard County Detention Center Monthly Population Flow, 2011



Source: HCDC data, analyzed by the Urban Institute and Howard County TJC Core Team.

HCDC inmates were not screened or assessed for risk to reoffend and criminogenic need at the time that Howard County joined the TJC Initiative. As a result, enrollment in HCDC's in-jail programming was not systematically guided by risk or need, but rather court-ordered and/or available via self-referral. Programs available in the jail included:

- GED/Adult Basic Education: 5 one-week sessions, served 58 students in 2011
- Project LEEP (Life Skills Education Employment Program): 6 six-week sessions, 95 students enrolled, 64 successfully completed six-week program in 2011
- Addiction Services Program:
  - Participants were primarily court-ordered, 100 inmates participated in substance abuse services program in 2011
  - Services involved individual and group counseling, drug/alcohol education classes, and self-help meetings
  - Referrals to community providers for continued treatment upon release
  - Parenting skills group (Guiding Good Choices) for substance abusers served 40 individuals over 7 five-class sessions in 2011
- Mental Health
  - A clinician offered individual counseling and worked to ensure linkage to supports upon release
  - Reentry group highlighted challenges, strategies, and successes for inmates transitioning back to the community
- Anger Management: small group met once a week over six weeks
- Mediation: the Going Home Smoothly program, offered through a partnership with Howard Community College
- Financial Literacy: Classes offered through a partnership with a nonprofit organization, 70 inmates participated over 5 sessions in 2011

HCDC did not offer the general jail population any cognitive-behavioral programming, a key evidence-based intervention for reducing risk to recidivate (Landenberger and Lipsey 2005). Howard County had the capacity to provide case management to a substantial portion of the jail population, but case management provision was not coordinated or systematized—case plans were not centralized nor shared between staff, and there were multiple processes for determining which individuals received a plan. A review at classification

was generally the point at which a proactive effort on the part of HCDC to place individuals in programming commenced. Case management was offered through substance abuse and mental health counselors as well as classification and work release staff, and the reentry coordinator. Case management and programming attendees were largely self-referral, with the exception of substance abuse treatment through the Bureau of Addictions (BOA), which is primarily court-ordered. Howard County did not have a pretrial services program, and the pretrial population received limited and sporadic case management and services. The Case Management Review (CMR) process, through which counselors more actively encouraged individuals to enroll in programming, were not conducted until sentencing.

There were substantial community-based resources available, and a reentry multi-service center (RMSC) in Laurel had a number of key community agency providers co-located to engage with returning inmates. Community-based services through a variety of providers included legal and mediation services, education and employment programming, accommodations, residential and non-residential alcohol and drug services, and mental health counseling. Howard County TJC stakeholders described the County as having a very committed human services community that was ready to engage in reentry issues.

Data tracking of programming and participant outcomes was a significant gap in Howard County. In Howard County's TJC application, HCDC staff expressed concerns about the limitations of their JMS system, stating it was "not flexible, offender-based or efficient in terms of capturing and reusing data." Certain inefficiencies, such as the inability to alter JMS fields and redundancy in rebooking individuals in HCDC after they were booked in central booking, were points of frustration. While HCDC staff was concerned about the data component of TJC, there was strong interest in improving data capacity and utilizing data. Service providers within the jail also did not have their own case management system,

In their application for TJC assistance, Howard County indicated their primary transition system gaps were limited experience in systems planning for transition, lack of a framework for willing agency partners to engage in transition work, lack of a risk/needs assessment tool, and a data system designed to support tracking neither assessed level of need, program progress, nor other data relevant to reentry. HCDC took on TJC with the vision of developing a solid blueprint for a correctional process that supported jail community transition planning and benefitted public safety. Howard County recognized the need to work with multiple partners—convening both bodies of criminal and non-criminal-justice agencies—and to identify and articulate the public safety benefits of a robust reentry strategy to the community. HCDC also articulated its hopes of focusing on the pretrial population and eliciting the willing and active participation of inmates in their reentry plans.

TJC Structure, Leadership, and Collaboration

Development of an effective jail transition strategy requires the active involvement of policymakers from both the jail and the community to articulate a clear vision of success, set expectations, identify important issues, and engage staff and other stakeholders in the effort. This leadership is necessary to align the cultures of partnering organizations for the common purpose of facilitating successful transition into the community. Leadership must be engaged at multiple levels. Collaborative structures are needed to make strategic decisions about jail transition priorities and resource allocation and to create continuity of care and approach between agencies and across the point of release.

A TJC collaborative structure must achieve four things:

- Inspire, increase, and maintain support for jail transition from a broad array of community partners.
- Identify, prioritize, and build consensus around actions needed to improve the jail transition system.
- Ensure that these actions are taken.
- Monitor the transition process and practice to ensure accountability and improve the approach as needed.

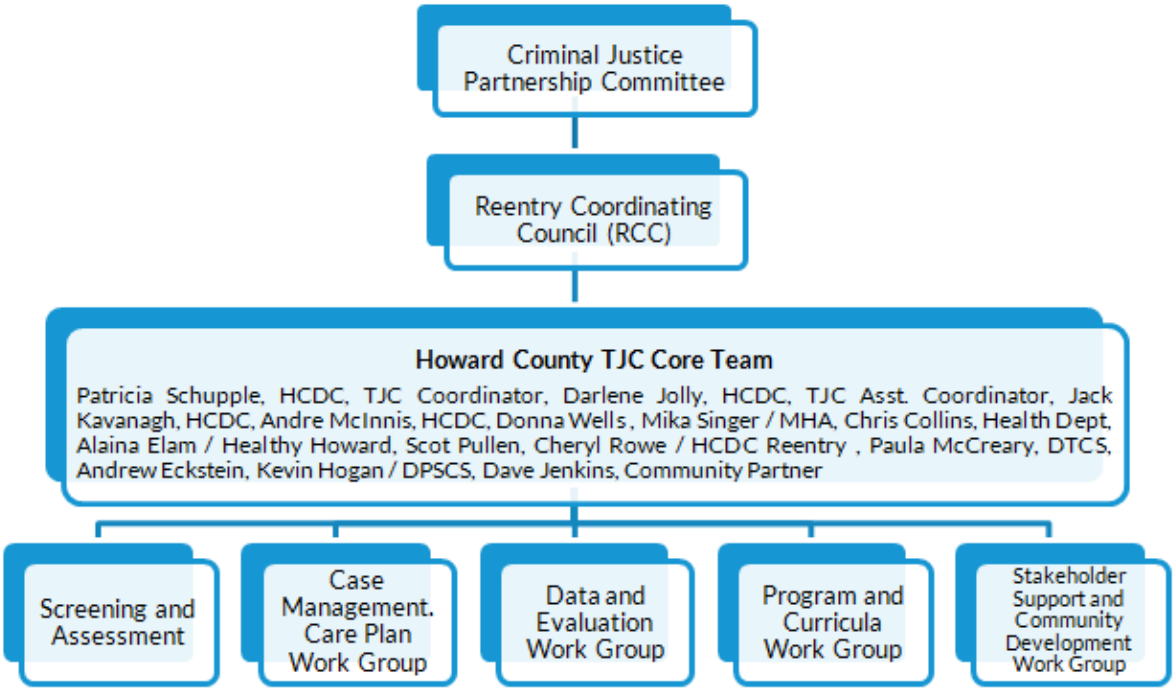
The primary leadership for the TJC effort clearly came from the HCDC Director and Deputy Director, who set the expectation that effective reentry was a core part of the agency's mission and the direction it was taking. Director Kavanagh described this role as requiring communication of the effort's intent to both external and internal audiences. "*My role was to make sure all the key stakeholders were aware of what we're doing, why it is important, reach out to community and connect to stakeholders we already had, make sure they were aware of the initiative, what the initiative will be about, the program will be about, what our goals were... And to make sure the vision was clearly spelled out to our staff. The term I used was TJC is not the flavor of the month …this will guide our department for many years to come, and people needed to be aware of it.*"

Development and oversight of Howard County's TJC work was undertaken through a structure consisting of three primary entities: the Criminal Justice Partnership Committee (CJPC), the Reentry Coordinating Council (RCC), and the TJC Core Team (and its affiliated working groups). The Core Team, an operations-focused group, took primary responsibility for identifying and prioritizing the key jail transition gaps in practice and

policy, developing strategies to address them, and monitoring the results of those changes. Much of the Core Team, depicted in Figure 4, consisted of HCDC staff, as well as Health Department, Healthy Howard, and HCMHA staff based in the jail. It also included representatives from the Department of Public Safety and Correctional Services (DPSCS) working in parole and probation, and the County IT department. After defining the initial set of TJC priority areas, the Core Team developed four work groups devoted to screening and assessment, case management and case planning, data and evaluation, and programs and curricula.

FIGURE 2

Howard County TJC Structure, 2013



Charged with facilitating broad criminal justice collaboration in Howard County, the CJPC was chaired by the director of the HCDC and the HCMHA, and includes executive-level representatives of justice and social service agencies such as the Chief of Police, the State's Attorney, and the Department of Citizen Services. The group had been convened and met twice prior to Howard County becoming a TJC site, but it was still a somewhat ad hoc entity. Soon after Howard County joined the TJC Initiative, the CJPC formally established a quarterly meeting schedule and took on the role of oversight for Howard County's TJC initiative work.

The RCC was established as part of Howard County's TJC work to build or improve coordination among a coalition of partners in the TJC work. Participants were invited from a variety of service domains intersecting with reentry and included some who had long worked with the justice-involved population, and others who

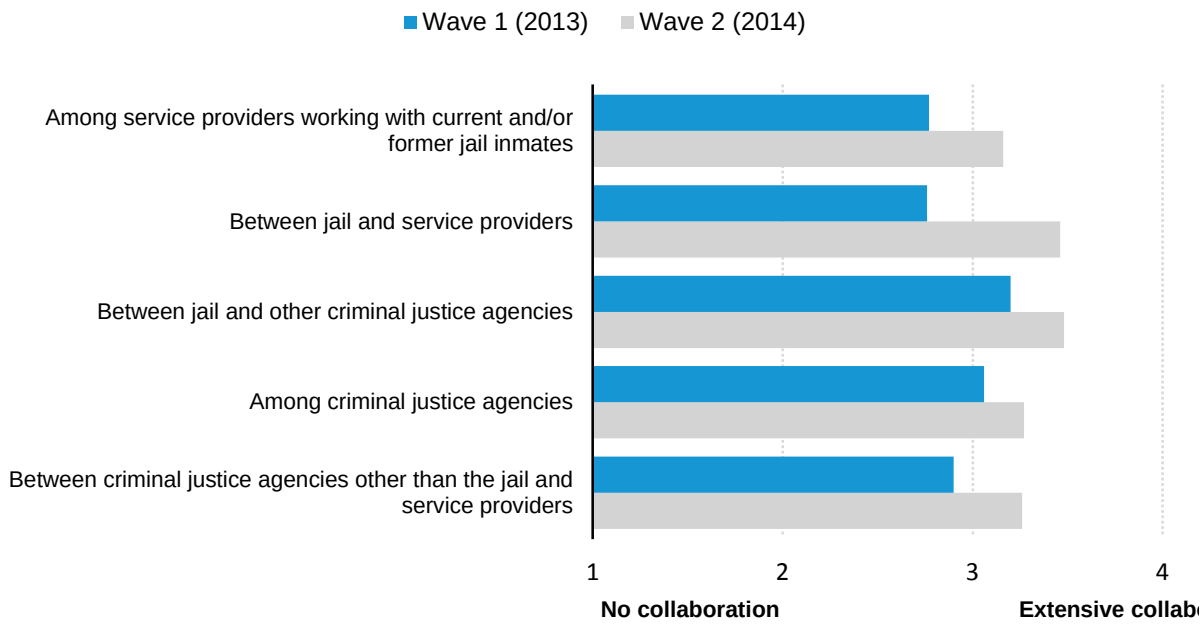
were new to the issue and learning. HCDC convened and set the agenda for the RCC, which met bi-monthly, and it served as a forum for community partners to better understand the jail population, its needs, and Howard County's evolving strategy for facilitating their successful transition. It was also envisioned as a vehicle for helping community partners find their role in that strategy. Viewpoints differed on how successfully the RCC has done that. One stakeholder described being favorably surprised by the degree of community engagement: "*It's been an eye opener for me that people want to be involved even with no money involved*." However, another felt that an important step from engagement to ownership of the group had not yet been taken: "*I'm often looking at the providers like, is there a topic you want to discuss, what are you looking for?...I would like to see break out groups with topics to discuss and goals to implement. I'd like to see a little of that going on and more outcomes from the RCC.*"

While the foundation for collaboration with non-justice system partners was strong prior to TJC, there was a sense that the creation of the RCC and development of the TJC work created a greater degree of community engagement in reentry. A TJC stakeholder gave a concrete example of what this engagement could accomplish: "*We have one emergency shelter in the county, we have had very little success getting into that, but now the director is on our Coordinating Council. She has gotten more engaged, offered to begin coming into the Detention Center and work with people who seem problematic in terms of housing. This is a huge success – we haven't been successful with getting people in the shelter for years!*" It was also posited that the TJC effort had broadened the community's thinking about working with the justice-involved population. "*My population [the mentally ill] is stigmatized, and so are criminal justice folks. The TJC project helped with some of that. These folks need resources and support to not return to the system. That has been an unexpected benefit*."

The results of the TJC stakeholder survey provide support for the contention that collaboration improved in Howard County over the TJC period (see Figure 5). Respondents rated collaboration around jail reentry as strong during Wave 1 (with collaboration with all four pairings rated above the midpoint score of 2.5).[35] Even from that strong baseline, collaboration was rated as stronger at Wave 2. Survey respondents reported relatively mild barriers to collaboration, with only three listed as more problematic than not (core of 2.5) at Wave 1, and only one at Wave 2 (see Figure 6). Time and resource constraints were rated the most problematic barrier at both waves, a finding consistent with that in the Phase 1 TJC sites (Buck Willison et al. 2012). Interestingly, incompatible data systems and technological limitations were both rated as much greater barriers to collaboration at Wave 1 than at Wave 2, despite the fact that little changed in terms of data system compatibility and technological limitations over that time period. This may indicate that Howard County TJC stakeholders worked out how to prevent their data challenges from impeding collaboration.

FIGURE 3

TJC Stakeholder Survey, Extent of Collaboration

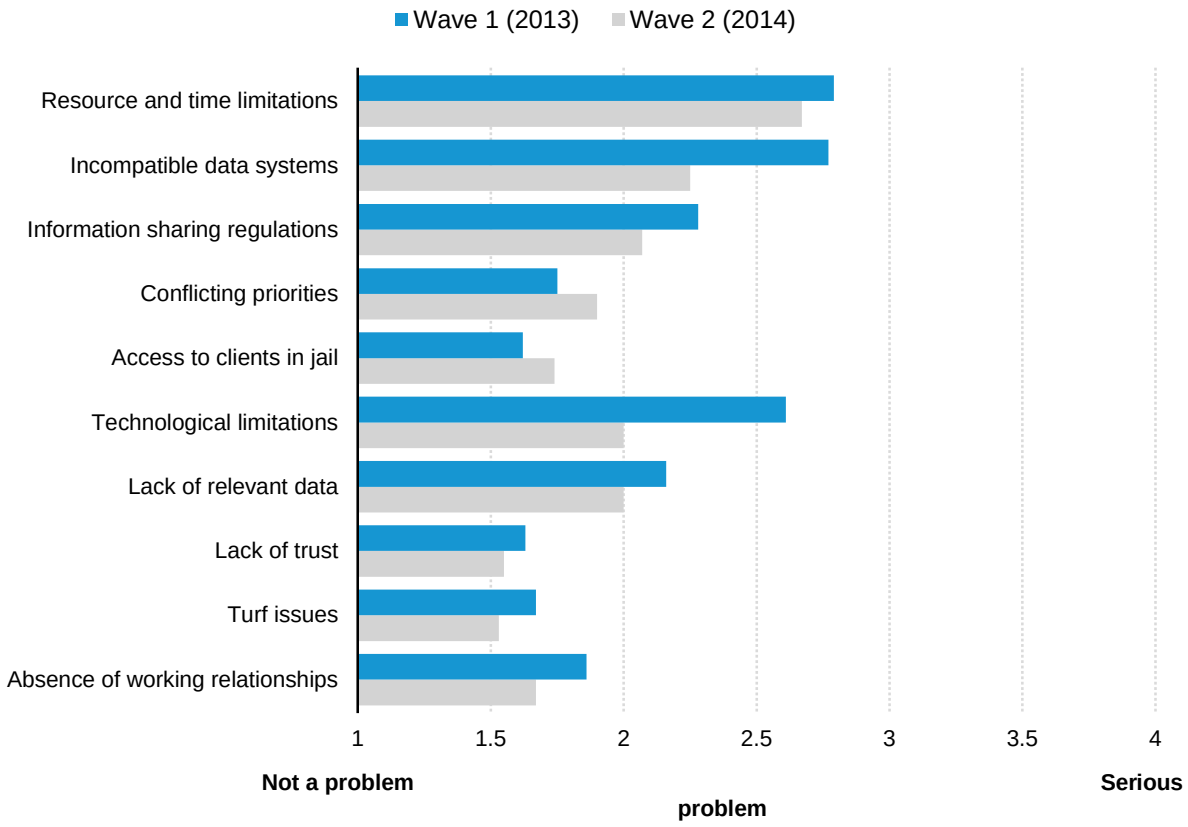


Source: Howard County TJC stakeholder survey, 2013–14.

An interesting observation from a stakeholder at the HCDC was that community engagement was very much centered around service provision organizations, and other community representatives were notably absent. The provider partners had much to offer the reentry effort, but community advocates bring a different level of demands on the system. One stakeholder noted the contrast to reentry efforts in Baltimore, which found a passionately engaged and demanding community presence ready to enter into the discussion. "*That's a key difference here; there is no community clamor about people coming out of prison here. It's a different community….We had a reentry forum and neighborhood folks didn't show any interest…that's a big difference. It's basically the nonprofit agencies involved.*"

FIGURE 4

TJC Stakeholder Survey, Barriers to Collaboration



Source: Howard County TJC stakeholder survey, 2013–14.

As the TJC work progressed, the character and roles of the three TJC entities evolved in a number of ways. The work groups were folded back into the Core Team in the final year of the process, although some thought it might make sense to create new ones (or relaunch the original ones), perhaps as a subset of the RCC. The core team did have ad hoc working groups that planned to continue to meet at the close of the TA period, such as one examining LEEP and the employment services continuum. CJPC attendance, even among designates for the members, declined as well. HCDC leadership looked to reverse this trend, in part by starting to report annually to the County Executive.

Targeted Intervention Strategies

Targeted intervention strategies are the basic building blocks of jail transition. Improving transition at the individual level involves introducing specific interventions at critical points along the jail-to-community continuum. Interventions at these key points can improve reintegration and reduce reoffending, thereby increasing public safety. Screening and assessment, transition planning, and program interventions are key elements of this strategy.

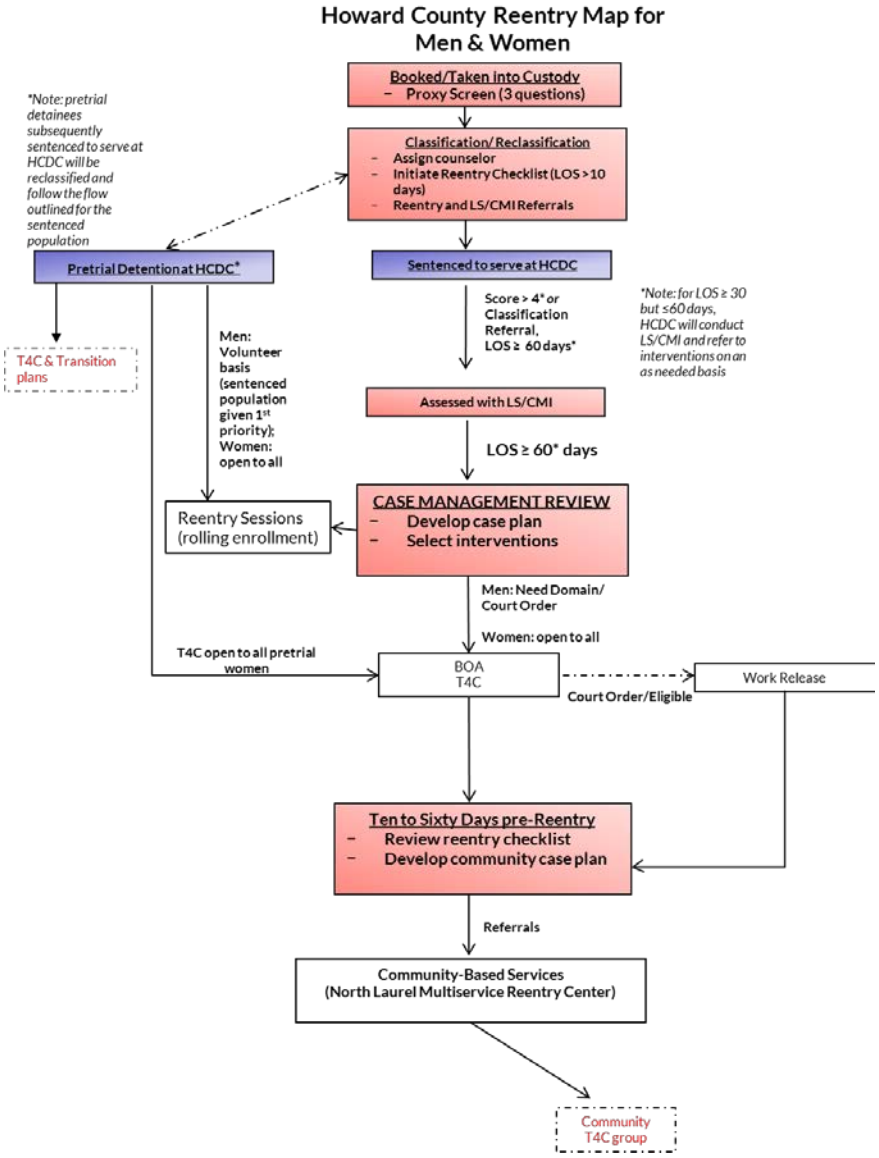
The TJC model employs a triage approach to prioritize interventions based on where resources are most needed or most likely to be successful for a rapidly cycling jail population with deep and varied needs. The TJC triage approach is consistent with the research literature that higher-risk individuals should receive higher levels of intervention (Lowenkamp et al. 2006), that interventions intended to reduce recidivism must target criminogenic needs, targets for change that drive criminal behavior (Bonta and Andrews 2007), and that individuals at low risk to reoffend should be subject to minimal intervention, if any (Lowenkamp and Latessa 2004). The flow for inmates within HCDC and which populations participate in certain reentry activities or interventions is captured in Figure 7.

Screening, Assessment, and Identifying a Target Population

Prior to becoming a TJC site, Howard County was not assessing jail inmates for either risk to reoffend or criminogenic need factors. Identifying and implementing tools to do so was one of the first priorities of the Howard County TJC Core Team. They elected to implement the Proxy Triage Risk Screener ("Proxy") at booking. This three-item risk screener scores individuals on a scale from 2 to 8 points, sorting them into high, medium, and low-risk categories as the initial step in risk-based intervention triage. Proxy screening began in November 2012. The Proxy categorized 28 percent of HCDC bookings as high risk, 56 percent as medium risk, and 16 percent as low risk.

FIGURE 5

Howard County Reentry Flow



Howard County selected the Level of Service/Case Management Inventory (LS/CMI) as their comprehensive risk/needs assessment tool, with implementation beginning in October 2013. HCDC trained their classification counselors and other program staff to conduct the LS/CMI, and began assessing all sentenced male inmates with Proxy scores of 4 or higher (i.e. medium and high-risk individuals) and all sentenced female inmates regardless of Proxy score. The goal was for all assessments to be conducted prior to the Case Management Review (CMR) so that the risk information could inform discussion of issues such as program assignment.

Howard County defined its TJC target population, those inmates who would receive the "full package" of available transition interventions, as men sentenced to 90 days or more in the jail, and women sentenced to 60 days or more, and indicated as medium or high risk on the Proxy and the LS/CMI. While many TJC jurisdictions assessed only those individuals in their TJC target population, as a mid-sized jail facility with a relatively large case management and reentry staff, HCDC prioritized LS/CMI assessments for people scoring four or higher on the Proxy, but found they had the staff time available to assess a number of low-risk individuals as well, and thereby provide risk and need-informed case planning for a larger proportion of their returning population.

Howard County TJC stakeholders described having information on risk and need available to them as greatly improving their reentry efforts. One described working without such tools as being "blind." "*Before TJC came in, we had a CMR and told inmates what to do without any evidence or verification of why the inmates should do it. We were doing things in the cloud. Ourselves, we didn't know why the inmates were doing it either. We just did it because they were there. Now with TJC, we do the assessment, tell the inmate why they do this and that. The inmate is more compliant, it goes much more smoothly*." Another also described it as pushing the HCDC to engage or retain inmates in programming who they would have thought were too difficult to be worth serving in the past. "*We have a couple young inmates here that we would have kicked out in a heartbeat for behavior…, but now we recognize that they are the exact people we need for the program. The awareness that we have to target our more difficult offenders and have to take some risks are two things we have gotten*."

Stakeholders also described a number of ways that the risk and need information was useful in securing support from various partners. One noted that it made community partners more likely to buy into the overall transition approach because "*a clear risk assessment helps reassure people we know what we're doing.*" In a concrete instance of this, HCDC conducted LS/CMI assessments on individuals who had a judge's order for work release, to substantiate that some of them had criminogenic needs that should be addressed via programming prior to their participating in work release. The intent was to make the case that HCDC should use its tools and process to determine the optimal path for individuals through programming and to venues such as work release.

Jail-Based Interventions

As discussed above, the CMR process was the mechanism through which staff allocating in-jail programming and interventions for the TJC target population. The CMR team included the HCDC case managers, work

release staff, jail-based case managers working for the Health Department (responsible for substance abuse services), and the Mental Health Authority (responsible for mental health services), as well as the incarcerated individual. During the CMR, all present discussed the LS/CMI scores, the case plan based on that information, and which services and programs the individual should complete.

The CMR process was in place prior to Howard County joining the TJC initiative, but the Core Team as well as the Case Management and Case Plan working group examined ways to make it more effective and efficient. Some of this involved integrating the newly available information on risk and need into the CMR and the case plan. There was also discussion about how to better coordinate the different types of case management. If an individual had addiction and mental health issues, for example, they might be receiving case management from the HCDC corrections counselor, the Health Department's Addictions Services case manager, and the Mental Health Authority's case manager. While the modest number of individuals in the target population made informal communication of shared cases feasible, all involved felt the lack of clarity in case management roles was a problem. In response, HCDC undertook an effort to designate a primary case manager for each inmate, referred to within the TJC Core Team as "Who's got the inmate?" This role clarification made the CMR process more effectively collaborative. As one participant noted, "*That process has gotten a whole lot better. Before, everyone was talking at the same time, trying to get specific answers for their specific program*."

The CMR process and case planning were the primary vehicles for steering TJC clients to risk-reduction programming. The substance abuse and mental health case managers connected clients to Addictions Services and mental health programming, although the former was also sometimes court-ordered. Through the TJC process, Howard County undertook two major changes to its core program and service offerings. The first was to implement *Thinking for a Change* (T4C), a cognitive-behavioral program targeting criminal thinking patterns. This is a foundational program type for reducing risk, and adding the curriculum addressed the biggest intervention gap in Howard County's pre-TJC program offerings. Howard County participated in a multi-jurisdictional T4C training in February 2014, sending HCDC correctional counselors and other program staff. The first T4C group, for male inmates, began almost immediately thereafter. In-jail provision of T4C expanded rapidly and became available to female inmates as well.

The second major change was the revision of the Life Skills Education Employment Program (LEEP), and the employment-related program continuum in general. The LEEP program had been in place for many years, but through the TJC process HCDC felt that it was due for a reexamination and revision to make it more consistent with both current best practice and the developing TJC approach. A working group including Howard Community College, the Howard County Office of Workforce Development, and Humanim, a workforce development non-profit, formed, and the scope of the work expanded to include not only the content of the LEEP program, but also to examine other employment-supporting activities that might be

undertaken for inmates who would not be able to complete the 6-week LEEP program. The working group also examined how to better integrate LEEP with Work Release. This committee's work was still underway at the conclusion of the TJC TA period.

For individuals sentenced to less than 60 days, and therefore not participating in CMR, there was substantial reentry-related activity available to them, but the process was more fluid. Sentenced individuals with less than 60 days to serve could receive referrals to reentry services from the classification staff. Proxy and LS/CMI scores triggered such referrals, as would identification of issues such as lack of housing. The reentry group sessions were a six week series of classes that was launched six months before TJC assistance began. These sessions had rolling admissions to allow inmates with short lengths of stay to participate. During the TJC period the reentry groups were complemented by a single-day "Reentry Xpress" session designed to provide key reentry information and contacts to individuals returning to the community after short stays. Reentry Xpress was on hiatus at the conclusion of the TJC assistance period, due to the high volume of demands on the reentry coordinator, but the written material developed for it remained available for interested inmates.

Howard County also ramped up its efforts to enroll inmates in health insurance prior to release. Healthy Howard, a community-based non-profit, has a staff person located in the HCDC and has been assisting inmates in enrolling in health insurance since 2012. The staffer began by meeting with inmates thirty days prior to release but found that many individuals were not getting that health insurance activated on the day of release. This prompted a change to begin the process 60 days prior to release to make it more likely that individuals would have their insurance card in hand as they left HCDC. However, work on health insurance enrollment was not limited to those with 60 days remaining. Healthy Howard staff would meet with any inmate interested in obtaining health insurance to inform them and begin the process, even if finalizing it would have to be done postrelease. In 2014, 362 inmates received this assistance from Healthy Howard.

An abiding question as Howard County refined its in-jail intervention process was whether and how to include pretrial detainees. The Core Team recognized that many individuals spent several months in the jail as pretrial detainees, only to be sentenced to time served and released. The window of opportunity for in-jail intervention for these individuals was missed, as much of the reentry planning and intervention process began upon sentencing. For male inmates, HCDC planned to get information from the public defender regarding who was likely to be in the jail for a substantial amount of time to begin targeting them for programming, as appropriate, based on risk and need. For women detained pretrial, the situation was different. Due to the small number of women housed in HCDC, pretrial detainees were included in women's T4C and other program groups from their inception.

Collaboration with various community partners working in the jail were described as strong and/or strengthened by the end of the technical assistance period. The work of the jail-based Health Department and Mental Health Authority staff was described as being very well-integrated with the overall HCDC reentry processes. More community organizations were present in the jail: "*We have more partners from the community coming in to see their prospective clients in the facility. We have community partners coming in to do programs in the jail. We're seen as more approachable, not quite the mystery place down the street*."

Howard County worked closely with DCSPS to facilitate a smoother transition from the jail to probation or parole supervision in the community. Information specifically about probation and parole expectations and reporting requirements was incorporated into the Reentry Sessions and Reentry Xpress. The Core Team felt this was important for a variety of reasons, including that one of the primary sources for information on probation requirements was other inmates, who often provided misinformation. Coordination with parole and probation improved: "*Now we can receive information about people being released on a weekly basis from classification counselors from detention centers – sent to field supervisors who can forward it to community supervision so we know they are coming. And we'll already know what services they need …. [n]ot that they didn't have them before. But with this initiative being put in place and us using this model, the information-sharing between classification and our agency has been enhanced.*"

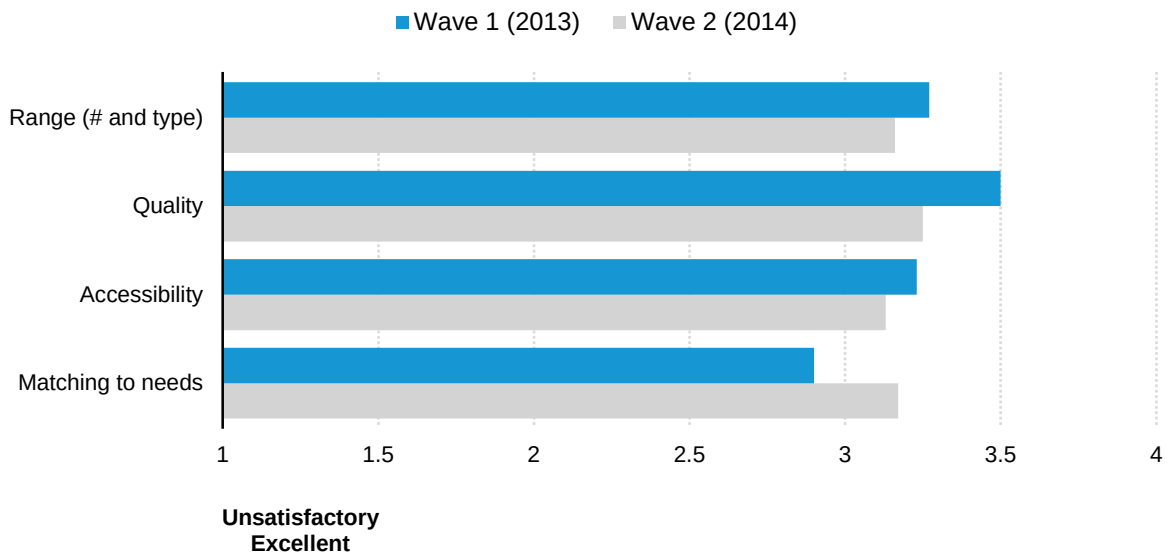
In the TJC stakeholder survey, services provided in the jail were rated highly across the four domains measured at both survey waves (see Figure 8). Respondent assessment of matching in-jail services to needs improved between Wave 1 and Wave 2, assessment of quality declined, and the range and accessibility of services changed minimally.

One of the TJC stakeholders summarized the extensive changes that occurred within HCDC's reentry operation:

> "We took a reentry coordinator working directly with the director into the community, which was unchartered territory, and we brought that whole process—along with another now full-time employee—to organizing within our work release. We took our work release position and added reentry, added staff to work the reentry portion, and brought reentry classes/sessions into the institution. We brought community representatives into the jail to talk about their programs and requirements in the community. Our classification and case management process has changed to include the risk to reoffend assessment and the LS/CMI, and we are using that information to put individuals into particular programs rather than placing them on a volunteer basis (who raises their hand first). That is a major change."

FIGURE 6

Rating Quality of In-Jail Services, TJC Stakeholder Survey



Source: Howard County TJC stakeholder survey, 2013–14.

Community Handoff and Postrelease Interventions

Howard County had several channels to facilitate case handoff from the jail to the community. Howard County developed a one-page reentry checklist (see Appendix A) initiated at classification and revisited within 60 days of release to get inmates thinking about and document information regarding key things that needed to be done in advance of release. Case managers at the HCDC offer assistance obtaining important documents like replacement birth certificates and Social Security cards. Through TJC, the core team also developed a Community Reentry ID card that serves as a free 60-day bus pass. Ultimately, Howard envisioned using the checklist to ensure the case managers and inmates together identify and address these barriers in the lead up to reentry. Inmates who received a case plan to guide their in-jail programming and services would also receive a community case plan to guide how they would address criminogenic needs and reintegration challenges after release. At the conclusion of the TJC assistance period, the reentry checklist had been implemented, but the community case plan was still in development.

For returning individuals with substance abuse and mental health issues, the Health Department and Mental Health Authority service engagement beginning via the jail-based staff from both agencies continued into the community after release. Jail-based substance abuse services led to community-based relapse

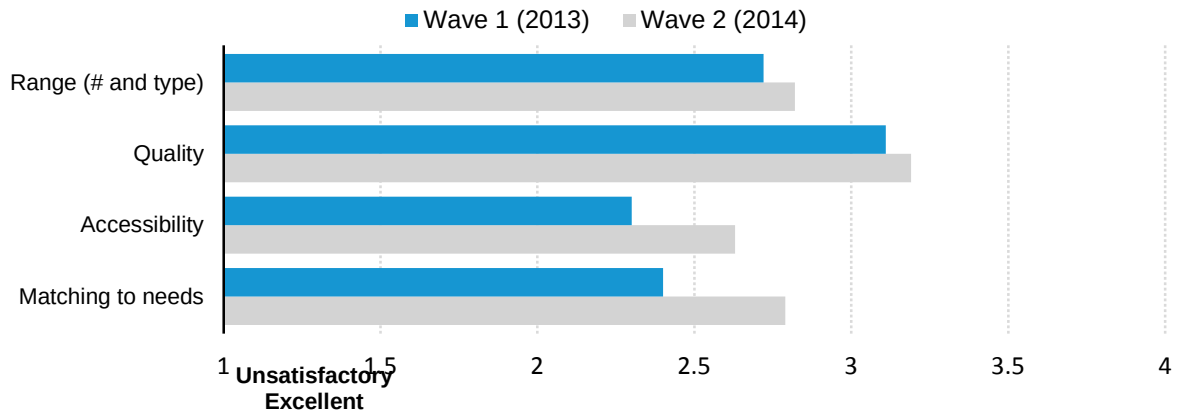
prevention programming. The mental health transition counselor served as a conduit to community-based mental health treatment services.

All returning inmates can access services and assistance through the Laurel Reentry Multi-Service Center (RMSC). A wide variety of service providers and government agencies co-located staff at the RMSC, although many are there only at certain dates and times. The HCDC Reentry Coordinator is also dually-based at the jail and the RMSC, serving as a further point of connection. The hope for the transition process was for as many inmates returning to Howard County as possible to access services at the RMSC. It was to serve as a point of entry for all the other services and connections an individual may need. However, there was some concern that the model of the RMSC, with different agencies there at different times, created fragmented knowledge among partners and might be confusing to people who came there with a specific pressing need when the right partner to meet it didn't happen to be there. There were also concerns regarding how successfully Howard County was engaging people in services postrelease, which were exacerbated by the lack of consistent data to capture how commonly service engagement was continued into the community.

Howard County respondents to the TJC stakeholder survey rated the quality of services provided in the community as lower than in the jail across the four domains measured at both survey waves (see Figure 9). Accessibility of community-based services and matching them to needs received particularly low ratings at Wave 1, and were rated much higher on this dimension at Wave 2.

FIGURE 7

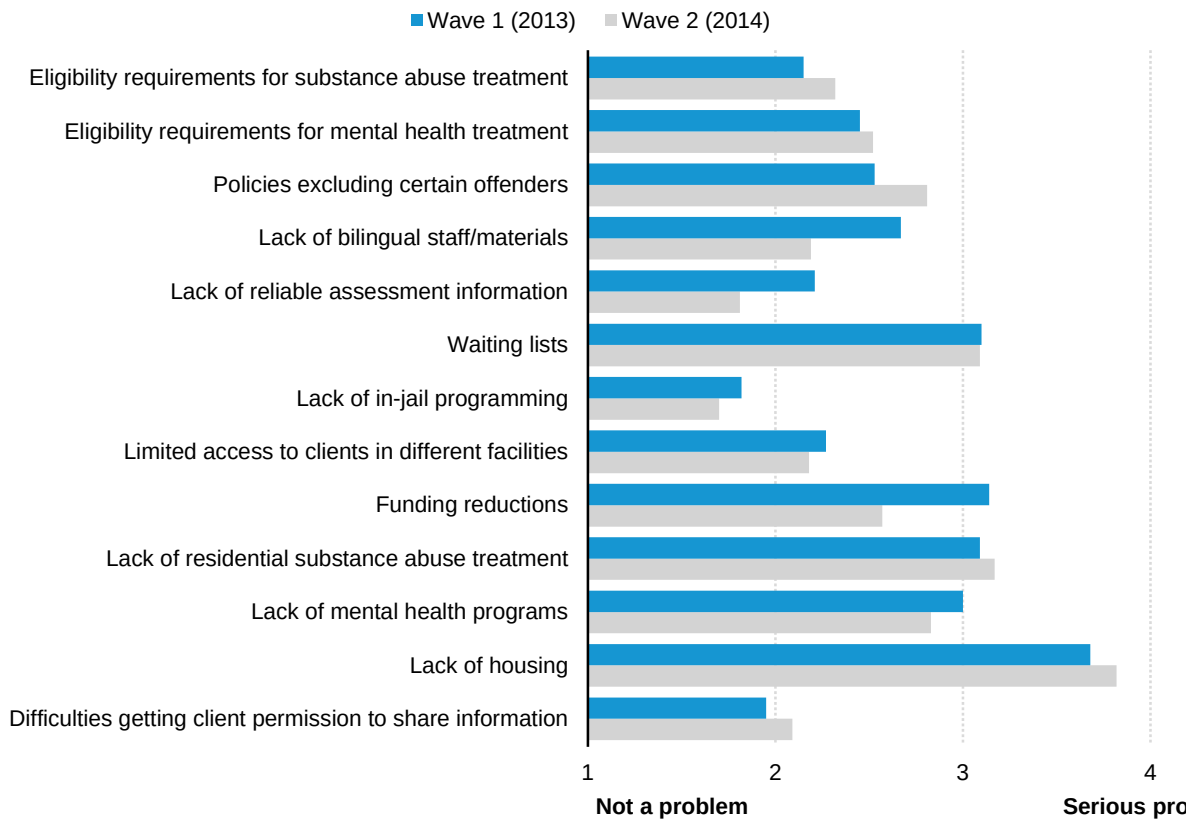
Rating Quality of Community-Based Services, TJC Stakeholder Survey



Source: Howard County TJC stakeholder survey, 2013–14.

FIGURE 8

Barriers to Service Access, TJC Stakeholder Survey



Source: Howard County TJC stakeholder survey, 2013–14.

There were a number of critical challenges and limitations to meeting the needs of individuals returning from the jail. Some stakeholders had concerns about the sufficiency of substance abuse and mental health services. Using assessment data to guide Howard's case planning continued to be onerous for Howard staff, who, at the end of the technical assistance period, were working with multiple databases and an outdated jail management information system to compile this information. Others noted the need to find community partners who would provide programming in areas such as employment services. Reentry planners faced the challenge of providing a bridge to services for the sizable proportion of the jail population returning to communities outside of Howard County (see box 1).

Almost every respondent indicated that housing was the most difficult problem to resolve in the community. "*Affordable housing is the biggest need. It's a rich, very expensive community. There is not much availability. We struggle with it.*" This was echoed in the TJC stakeholder survey, with lack of housing rated as by far the most serious barrier to reentry in both survey waves (see Figure 7). In 2014, the Howard County

Executive authorized funding for a modular transitional housing unit, to be located on the HCDC property, to deal with the most acute housing issues (including recent releasees who were sleeping in tents in the woods near the jail). However, due to budget cuts this funding did not materialize, and while the hope was that it will eventually become available, additional capacity to meet this pressing issue was very much needed as the TJC assistance period ended.

For all these challenges, Howard County TJC stakeholders had tremendous pride in the progress they'd realized in strengthening their transition process. One stakeholder summarized what it was like to see this concretely in the jail:

> "The warm fuzzy feeling happened when I walked onto the bottom level of the jail (where most activity takes place), and I saw two staff doing LS/CMI assessments on people, the reentry coordinator/case management person doing final connections for housing and follow up mental health treatment with someone about to be released, then upstairs two staff were gathering data and pointing out things about our release population. It was it, everything we have talked about has happened…seeing our data, doing things to identify risk, doing program plans, connecting to the community to get things in place and get people resources. It's pretty neat to see all of that."

BOX 1

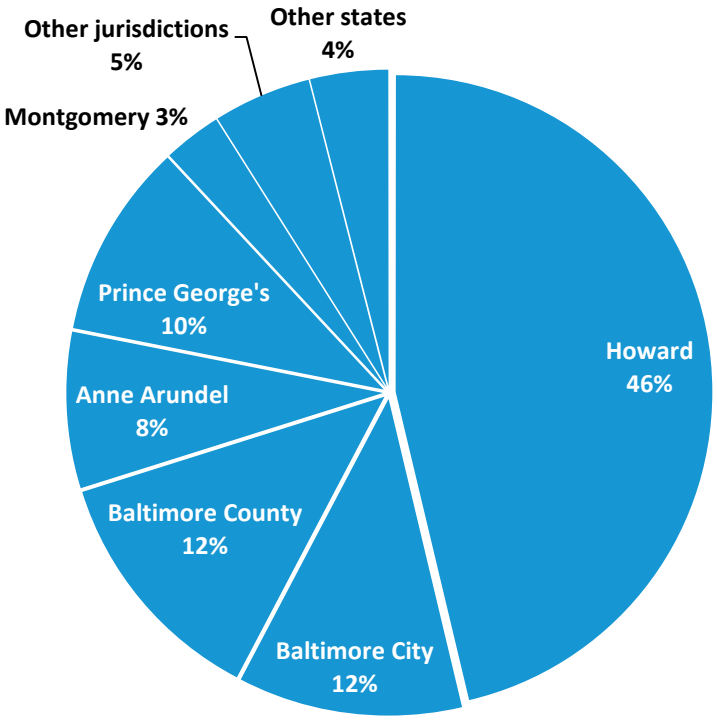
Inmates Returning to Other Counties

In 2013, over half of Howard's reentry participants did not return to Howard County after being released from HCDC. This presented unique challenges for making case handoffs and addressing individuals' outstanding needs when they are back in the community. However, Howard didn't limit its target population to Howard County returns only. The county built on its preexisting relationships at the client and interagency level to coordinate with state agencies and services providers across the state. Howard County participated in a multi-jurisdictional reentry training and conferred on reentry issues with Montgomery, Washington, Prince George's, Anne Arundel, and Frederick counties. The core team hoped to develop a regional approach to reentry, involving more routine sharing of information.

Source: Analysis of HCDC data

FIGURE 9

County of Return, 2013 Howard County Reentry Participants



Source: Analysis of HCDC data

Self-Evaluation and Sustainability

Self-evaluation uses objective data to guide operations, monitor progress, and inform decisionmaking about changes or improvements that may need to be made to the initiative. Sustainability is the use of strategies and mechanisms to ensure that the gains or progress of the initiative continue regardless of changes in leadership, policy, funding, or staffing. Self-evaluation and sustainability are interlinked and reinforce one another. Here, we examine Howard's use of data to inform, monitor, and refine its jail reentry processes and guide decisionmaking. We also explore the steps taken to ensure the sustainability of its jail transition work. Remaining priorities for implementation are also discussed.

Self-Evaluation and Data-Driven Approaches

Howard County joined the TJC Initiative committed to increasing their use of data to inform the development of their transition process and to monitor how it was performing. However, they faced many barriers to doing so. As early as their TJC application, they noted that the HCDC data system was not designed to support reentry work. Some of the difficulties stemmed from the structure of the jail's data system, such as the lack of a program reservation system or the fact that many of the data fields were text fields, making it impossible to analyze and compile the data in them. Others were related to practice, such as the inconsistent entry of state identification (SID) numbers, a unique identifier that would allow for linking data on individuals with other criminal justice databases in the state. Such issues were relatively easy to address once identified through examining the data, and HCDC staff were recording the SID numbers consistently by the first year of the TJC period.

HCDC's long-term plan for rectifying this situation was to take advantage of the opportunity to contract for access to the Maryland DCSPS's Offender Case Management System (OCMS). Using OCMS will allow HCDC to systematically track who is referred to, enrolled in, and completes programming consistent with their case plan. Beyond the internal needs of HCDC, there is the hope that as more counties begin using OCMS, it will allow for more cross-jurisdictional collaboration and consistency of practice, which will be particularly valuable for jurisdictions such as Howard County where a large proportion of the jail population comes from and returns to other jurisdictions. St. Mary's County was the first Maryland county to implement OCMS for its jail, and HCDC has been in regular communication to learn from their experiences to inform their own planned implementation (the target date of which was moved back several times).

In the meantime, and throughout the TJC assistance period, Howard County worked to produce baseline data on its jail population and quarterly TJC core performance measures. Much of this effort had to be done manually by three members of the TJC Core Team (Darlene Jolly of HCDC, Alaina Elam of Healthy Howard, and Mika Singer of the Mental Health Authority shared this responsibility as of the end of the TJC assistance period). The data production effort for TJC was labor-intensive, and while the relatively modest booking volume in Howard County made this approach feasible for the short term, the TJC Core Team recognized that this approach to data production was not sustainable over the long term. It also was limited in what it provided. The performance measures were helpful in tracking the implementation of screening and assessment of the jail population and identifying the TJC target population. Limitations in the data system meant that the measures did not provide much detail on what interventions clients received in the jail or in the community after release.

On the community side, Howard County had acquired the ServicePoint case management and service provision tracking data system. ServicePoint was intended to monitor social service provision in general, and it was not specifically intended for the justice-involved population. The RMSC and other community partners involved in the RCC participated in ServicePoint, and the RMSC and the reentry coordinator began working to systematically enroll TJC clients into the system. Routinely entering service provision information on individuals returning from HCDC into ServicePoint and integrating that data into the Howard County TJC performance measurement framework had the potential to allow Howard County to know whether TJC clients and others were engaging in postrelease services as intended, and whether they were retained. HCDC was also working with the State of Maryland to routinely obtain recidivism data for their TJC clients, recognizing that such a rate derived from HCDC bookings would be too incomplete to be useful given the large proportion of releases to other counties.

There were also models in Howard County for community-HCDC data integration. The HCMHA has a data link with HCDC by which booking/arrest data is run through the mental health data system, generating a list for both HCDC and HCMHA of jail inmates who are HCMHA clients. It quickly provides HCDC with information regarding which services they have been authorized and what pharmacy gave the client prescriptions.

Despite these serious data limitations and the ongoing and incomplete work to resolve them, data analysis and self-evaluation of reentry work still made valuable contributions to Howard County's TJC work. Early in the process, the analysis of the proportion of inmates released to places outside of Howard County usefully elevated that issue as a priority to address. As one interview respondent reflected: "*Seeing who goes where upon release was an eye opener for us. We knew the population was diverse, but we didn't know only 40 percent of the population was from this county. We expected it to be 55 or 60 percent*." Data made this issue more specific and concrete, and elevated the level of attention it received from the Core Team and

national technical assistance team. The general baseline data on the jail population and contours of the reentry issues was helpful in orienting the RCC, particularly for partners who were newer to thinking about the jail population and transition issues.

Data was also useful in making the argument to provide programming for some individuals who were being sentenced directly to Work Release, as described in the previous chapter, and in catching and rectifying pervasive data errors and omissions. As one stakeholder described, "*I saw a major change in the data from the previous quarter. Darlene has been keeping tabs on the human error piece and…trying to match better with how staff categorize things, but also making staff more familiar with the system to have more accurate data*."

Sustaining TJC in Howard County

There are two related but distinct things that need to be sustained for TJC to have lasting impact in Howard County. The first is that core transition practices, such as assessing for risk and criminogenic need and utilizing the T4C curriculum, must continue to be implemented consistently and with fidelity. The second is that the TJC process of collaboratively identifying key priorities for system improvement and working to meet them as they arise is maintained.

Howard County's TJC work appeared to have a strong base for sustaining its core practices, and TJC stakeholders interviewed indicated great confidence that its reentry process would be sustained after the conclusion of the assistance period. The HCDC leadership continually communicated that reentry is a core piece of the work of that institution. The County made funding commitments to a number of key pieces of the Howard County approach, such as the resources for use of the LC/CMI and taking on the reentry coordinator position, which was originally grant-funded.

One interview respondent noted that both work done within HCDC and spreading the work more broadly in the state contributed to sustainability: "*We now have a reentry supervisor, reentry case manager, reentry health services coordinator—it's reentry, reentry, reentry. Do I think it's sustainable? Definitely. I'm off setting up programs in two other jurisdictions…It's going statewide, that's how I know it's sustainable*." Another noted that the reentry understanding among the programs and case management staff, particularly the attention to postrelease, had greatly improved. "*In the jail, everybody, every staff member now is thinking in terms of reentry and working with an individual. Prior to that, there wasn't [that thinking]. Developing reentry plans is something that is done now… Prior, it was about what the inmate would do while s/he was in here*."

However, this common understanding and sense of purpose around Howard County's reentry strategy may be fragile in the absence of written policy and procedure. As a smaller jail facility, HCDC does not have a very large administrative or program staff, and at several points in the TJC assistance period a staff change or the departure of a key player slowed down progress for several months. To have the reentry process resilient in the face of inevitable turnover among line staff and people overseeing HCDC and its partner organizations, it was critical to have Howard County's reentry policy memorialized in writing. The Howard County TJC Core Team acknowledged the importance of this and was planning to have it done as the TJC assistance period concluded.

Another important sustainability task identified by many of the TJC stakeholders was to secure buy-in to the TJC process from corrections officers at HCDC. There were different perspectives on where officers stood on supporting reentry as the TJC period ended. One interview respondent asserted, "*The uniformed staff has not bought in yet. Officers ask why you're sending people to class; they just want to lock them in*." Another had already seen changes in come officers: "*It has been an attitude shift, especially a lot of the correctional officers who are responsible for the case management review…They are quicker with getting individuals there on time, and if an inmate is reluctant to come, the correctional officer will sometimes encourage them, reminding the inmates 'you said you wanted to do programs and go to minimum security.' Previously, they had a 'whatever, you stay in bed' response*."

Regardless, there was a strong consensus among the Core Team that bringing the corrections officers on board through informing them about the TJC process and integrating them into aspects of it was critical for the long-term success of the in-jail effort. Some noted that there were many officers who would welcome the opportunity to participate in ways such as co-facilitating programs and classes. There was also emphasis on presenting evidence of success to them: "*We need to make sure they understand why they're doing it and also understand the successes [of the initiative]. We tried to do that anecdotally with cases. We had an inmate in and out four or five times, and the officers questioned why we put so much energy into the guy--he just graduated from a post release program, got his high school diploma, got a job working in an HR office for a construction company, and he's doing really well. The officers lit up and had a good reaction [when told about this].*" It is also worth noting (and substantiating through data) that order in the facility may have improved, to which the reentry work may have contributed. "*Yesterday, we discussed the special emergency response team designed to address combative inmates, and we realized we haven't had to call to deploy them in about 6 months—in my 11 years here I can't tell you we have gone a month without that until recently. We don't know if it's the programming efforts and focus on TJC—I would like to think it's a contributing part. So, we should look at that.*" At the end of the TA period, the Core Team planned to develop in-service training materials incorporating such success stories and information about the new way of doing business for HCDC staff in

hopes of educating them about the initiative and securing their buy in for the county's new jail transition approach.

To sustain the TJC process, it is important to ensure that it sees through important next steps such as the development of a written reentry policy, the revision of the LEEP curriculum, inclusion of pretrial detainees in the transition process, and establishment of a routine reentry performance measurement process, including regularly capturing recidivism, as OCMS is implemented and ServicePoint fully utilized in the reentry context. To facilitate sustainability of the TJC process, it will be necessary to share TJC leadership broadly within HCDC, and in Howard County generally. This was happening throughout the TJC process, with Darlene Jolly, Alaina Elam, Andre McInnis, Mika Singer and others taking on greater roles in guiding the initiative. This allows Howard County TJC to make progress on multiple fronts simultaneously and sustain beyond staff and leadership turnover.

The TJC Core Team felt that securing greater engagement from the CJPC and RCC was also necessary to maintain TJC momentum over the long term. Some of the planned actions to do so involved enhancing accountability mechanisms, such as identifying key goals for the CJPC each year, and committing to deliver an annual report (including data) to the County Executive on whether the goals had been met. As with securing support from corrections officers, sharing and discussing successes was mentioned as a critical piece, particularly for the community partners in the RCC. "*We talked at the last [RCC] meeting about the data we have been collecting for TJC, letting them know success stories. That helped a lot.*" The process of feeding information about TJC successes to critical community partners had begun, but the Howard County TJC team understood that this had to be an ongoing effort.

Conclusion

Howard County joined the TJC Initiative as a learning site in order to build upon the strong existing collaborative relationships between the local justice system, social service agencies, and community-based organizations to build a true reentry system. There were a number of programs and reentry activities in place at HCDC and in the community, but Howard County lacked objective risk and need information and a formal process for allocating jail case management resources and conducting transition planning. There were also some important gaps in the program portfolio, particularly the lack of cognitive behavioral programming. Beyond the jail, Howard County needed better data to understand the jail population and measure reentry processes and outcomes, and a forum for engaging and coordinating with community reentry partners.

Howard County worked to address these issues throughout the TJC assistance period. By the end of that period, HCDC had risk information on all of its jail population and needs information on many of them, and this information was being used to guide interventions. There was a clear logic to how assessment, case management, case planning, in-jail programming, and handoff to the community (particularly the RMSC) were to happen. While some questions remained regarding how to fit some populations, such as those sentenced to work release or pretrial detainees, into the reentry case flow, these questions were easier to answer once the overall process was clearly articulated. Howard County's ability to use data to monitor their reentry work remained short of where they wanted it to be as the TJC period ended; yet, they were routinely compiling and sharing the reentry-related data they had and using it to identify and solve issues, and they were well-positioned to know what they needed from the planned OCMS data system.

Howard County stakeholders also strongly felt that they had improved upon their already substantial collaboration around reentry. More community partners were present in the jail; it was easier for people returning from the jail to access community services, and the RCC brought in a larger and broader array of community partners to engage with jail transition.

As the TJC learning site period came to a close in the spring of 2015, the Howard County TJC partners turned their attention to the next steps necessary to continue to build on their recent accomplishments. They looked forward to implementing OCMS and taking full advantage of ServicePoint's functionality, expanded data capability with which they could track program participation, whether HCDC TJC clients accessed services in the community, and recidivism outcomes. All of this would allow greater insight into Howard County's reentry performance, and allow for refinement and course correction as needed. They planned to continue to expand their intervention reach by including pretrial detainees more in the transition process, to improve their interventions by revising the LEEP curriculum and employment service continuum, and to support

sustainability through development of a written reentry policy and outreach and education to key constituencies such as HCDC security staff.

Howard County made large strides in its jail transition practice during the TJC period, making significant changes in practice, process, collaborative relationships, and system and organizational culture. A number of critical tasks and challenges remain, but Howard County's capacity to meet them and the cohesion of its overall jail transition process is much greater than it was in the summer of 2012.

Appendix A. Howard County Reentry Checklist

Howard County Detention Center Reentry Worksheet

To be used for inmates with a remaining sentence of 10-60 days to assist in planning release.

BKID: _____ LAST: _____ FIRST: _____ MIDDLE INITIAL: _____
DOB: _____ AGE: _____ RETURNING COUNTY: _____
JUDGE: _____ PROBATION: Y/N LOCATION: _____
TJC Client: Y/N

Do you have a place to live when you are released?
With whom: _____ County: _____ Address: _____

Reentry Plan (Check boxes below if inmate is in need of any of the following items, or is in need of a referral)

☐ Birth Certificate	☐ Housing
☐ SS Card	☐ Community Resources: _____
☐ State/Government Issued ID Card	☐ Employment Assistance
☐ Reentry ID Card	☐ MSC Assistance
☐ Release Report	☐ Department of Social Services

Behavioral Health (Check boxes below if inmate is in need of any of the following items, or is in need of a referral)

☐ Mental Health Services	☐ Assistance Getting Medications
☐ Bureau of Addictions	☐ Assistance Finding a doctor
☐ Health Insurance	

1. Do you have any financial obligations? (Child Support, Wage Liens, Restitution) YES ☐ NO ☐
2. Do you have any pending cases, warrants, detainers, or open cases? YES ☐ NO ☐
3. Do you need a writ to get to court to avoid an FTA? YES ☐ NO ☐
4. Transportation: To get home, to work, report to probation, to go to appointments? YES ☐ NO ☐
5. Clothing: (Winter) Do you have a coat? YES ☐ NO ☐ Do you have clothes to wear when released? YES ☐ NO

Notes: _____
_____

I understand that my signature on this shows that I have begun or reviewed my Reentry Plan with a HCDC Staff Member. I should use this information to plan for my release. I understand that I can ask for resources now and to access upon my release.

Signature: _____ Date: _____

By signing this form I confirm that I have made the appropriate referrals.

Staff Signature: _____

Notes

1. "QuickFacts," United States Census Bureau, accessed September 1, 2015, http://www.census.gov/quickfacts/table/PST045215/00.
2. Stakeholders rated collaboration among a combination of groups—service providers, the jail, and other criminal justice agencies besides the jail — using a four-point scale, in which 1 signified "no collaboration" and 4 signified "extensive collaboration." Scores were then averaged to calculate a measure of intensity: the higher the average score, the more extensive the degree of perceived collaboration.

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